

## Inpatient Pediatrics Pre-Admit Form

### PATIENT INFORMATION

Patient name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_ MR# \_\_\_\_\_

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Parent's Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Protocol name and number \_\_\_\_\_

Requested Admission Date \_\_\_\_\_ Projected length of stay \_\_\_\_\_

Special needs \_\_\_\_\_

Name and gender of relative boarding with child \_\_\_\_\_

Test/procedures/therapies required (e.g. scans, unit tests, therapies; Sedation required?)

### INSTITUTE INFORMATION

Institute admitting patient: \_\_\_\_\_

Phone #

Beeper #

Primary Investigator \_\_\_\_\_

Attending physician \_\_\_\_\_

First-call medical staff/ fellow \_\_\_\_\_

Requesting physician \_\_\_\_\_

Person submitting form (Name, room number, and phone) \_\_\_\_\_

For Unit Use Only

Approved admission date \_\_\_\_\_

Institute Notified \_\_\_\_\_